Birth says Oct. 1940 12:10 AM.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160a

10539

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town La Plata md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 13 hours.

Stay in this community (yrs., or mos., or days) 9 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Charles

City or town Rock Point md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Willard James Anderson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	—

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8 1940

8. AGE: Years | Months | Days 9 | If less than one day hrs. min.

9. Birthplace Rock Point Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Willard Leeman Anderson

13. Birthplace Deals Island, Md

MOTHER 14. Maiden name Amy C Will

15. Birthplace Rock Point

16. Informant Willard L. Anderson

Address Rock Point

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 27 1940 (month) (day) (year)

Cemetery or crematory Holy Ghost

Location South

18. Funeral director Willard Anderson Father

Address Rock. Point Md

19. Oct 27 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1940, at 4A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 PM Oct 26 1940 to 4 AM Oct 27 1940, and that I last saw h[illegible] alive on Oct 26 1940.

Immediate cause of death	DURATION
Prematurity (8 Month)	
Birth Injury - Intra-cranial	
Due to hemorrhage	9 days.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE J. T. McAndrew Jr. M. D. or other

Address La Plata Md Date signed 10-27-'40

Authorization to change date of birth - letter in permanent file under Mary Smithers

12/5/40
M. G.

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46-E

10540

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:
County Charles
City or town Indian Head
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francis E. Dunnington

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Dunnington
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1852

8. AGE: Years 88 | Months — | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Doncaster Maryland.
(Town, county and state)

10. Usual occupation Farmer (Retired)

11. Industry or business

FATHER
12. Name Frank Dunnington
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden name Rebecca Williams
15. Birthplace Charles Co. Md.

16. Informant Edgar A. Dunnington
Address Indian Head Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 20 1940 (month) (day) (year)
Cemetery or crematory Durham Church
Location Riverside, Md.

18. Funeral director Hemler & Ryon.
Address Waldorf, Md.

19. Oct 20 1940 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1940, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1940 to Oct 1940, and that I last saw him alive on Oct 1 1940.

	DURATION
Immediate cause of death — Hemorrhage	
Cerebral — Intestinal, due to	
Cancer. C.U.S.R.	
Due to Asterixclusion	
Due to The intestinal hemorrhage was due to: Cancer of the intestines.	
Other conditions Duration 1 six months	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. O. Bicknell M.D.
M. D. or other
Address Marbury, Md. Date signed Oct 20, 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 7 1940
U.S. DEPT. OF AGRICULTURE

Birth say July 15

10541

STATE OF MARYLAND—CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

County Charles Registration Dist. No. 108

Village or City Bryantown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Olivia Edelen If U. S. Veteran, specify WAR ___

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	B	

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 15/40

7. AGE Years	Months	Days	If LESS then 1 day, ___ hrs. or ___ min.
	2	25	

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Bryantown

FATHER

13. NAME James Edelen

14. BIRTHPLACE (city or town) (State or country) Charles Co.

MOTHER

15. MAIDEN NAME Mary C. Thompson

16. BIRTHPLACE (city or town) (State or country) Charles Co.

17. INFORMANT (Address) James Edelen Bryantown

18. BURIAL, CREMATION, OR REMOVAL Place Bryantown Date 10/19, 1940

19. UNDERTAKER (Address) Jas J. Edelen Bryantown Md

20. FILED 10/19, 1940 Ernest Chappelle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 18 (Month) (Day) 1940 (Year)

October

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1940, to Oct 11, 1940

I last saw her alive on Oct 11, 1940; death is said to have occurred on the date stated above, at 11 40 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Upper respiratory Infection	Oct 11
Broncho-pneumonia *	Oct 18

Other ~~Contributory Causes of importance~~:

* Seen by Dr. Fisher Oct 18/40

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Hugh W. Pigeon M. D.

(Address) Hughesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED NOV 8 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10542

95-a

1. PLACE OF DEATH

County Charles — Registration Dist. No. 106

Village or City Indian Head — No. 9 Strauss Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME EVAN EDWARD EVANS — If U. S. Veteran, specify WAR ____

(a) Residence: No. 9 Strauss Ave. St., Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowded

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of SARAH ELIZABETH [illegible] Evans

6. DATE OF BIRTH (month, day, and year) 4-13-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Chief Clerk (ret)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Powder factory

10. Date deceased last worked at this occupation (month and year) 4-30-36. — 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) Washington, D.C. (State or country)

FATHER

13. NAME Thomas H. Evans

14. BIRTHPLACE (city or town) South Wales, Eng. (State or country)

MOTHER

15. MAIDEN NAME Annie Milligan Evans

16. BIRTHPLACE (city or town) South Wales, Eng. (State or country)

17. INFORMANT Mrs. Angela E. Todd (Address) 9 Strauss Ave. Ind. Hd. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington DC Date 10-27-40, 19

19. UNDERTAKER Joseph H. Gawler & Sons (Address) Washington DC.

20. FILED Oct 25, 1940 Odey Prince Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 25 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10-15-1940, to 10-24-1940

I last saw him alive on 10-24-1940; death is said to have occurred on the date stated above, at 330AM m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac Arrhythmia, sinus arrhythmia	Unknown.

Other Contributory Causes of Importance:

Name of operation None — Date of ____

What test confirmed diagnosis? Phys. Exam. — Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ____

(Signed) J. E. ANDREWS M. D.

(Address) Indian Head, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CHANGE OF NAME OF WIFE: New certificate & letter permanent file 11-14-40 under DR. ANDREWS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

10543

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town near La Plata
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town near La Plata Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. East Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Farmer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	—

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 4 1940

8. AGE: Years: Stillborn | Months: — | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace near La Plata Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Joseph Alvin Farmer
13. Birthplace Charles Co. Md

MOTHER
14. Maiden name Elsie Viola Duckett
15. Birthplace Chas. Co Md

16. Informant Mary Proctor
Address La Plata Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Oct 4 - 1940 (month) (day) (year)
Cemetery or crematory on farm Mr. La Plata Md
Location East

18. Funeral director Josepha. Farmer acting
Address La Plata Md

19. Oct 4 1940 Lillian Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h alive on ____ 19__.

Immediate cause of death	DURATION
No physician until after Birth	
Due to "Premature"	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lillian Posey Registrar
M. D. or other
Address La Plata Md Date signed Oct 4 1940

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

11064

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles
City or town Riverside
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carrie Johnson.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Widowed.

B (b) Name of husband or wife Jeff Johnson.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 7, 1861

8. AGE: Years	Months	Days	If less than one day
79	6	9	hrs. min.

9. Birthplace Nanjemoy, Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Alec. Washington
13. Birthplace Chas Co. Md.
MOTHER 14. Maiden name Mary Scroggins
15. Birthplace Chas Co. Md.
16. Informant Willie Washington,
Address Md Point. Md
17. Burial Date thereof Oct 18 40.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Oak Grove
Location near Riverside Md
18. Funeral director Stanley Penny,
Address Ridgely, Md
19. October 17, 1940 John J Maddox
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 3P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1940, to Oct 1940,
and that I last saw her alive on Oct ? 1940.

Immediate cause of death	DURATION
Cerebral Apoplexy	
Due to Arteriosclerosis.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. A. Bicknell M.D.
M. D. or other
Address Marlboro Md Date signed Oct 17 40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

CERTIFICATE OF DEATH

10544

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? about 40 years

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Bel Alton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Emma Rosetta Jordan

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: James Francis Jordan

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Dec. 15, 1885

8. AGE:

Years	Months	Days	If less than one day
54	9	19	...hrs. ...min.

9. Birthplace: Newport, Charles Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER

12. Name: Jones

13. Birthplace: Newport

MOTHER

14. Maiden name: Elizabeth

15. Birthplace: New Port, Chas. Co.

16. Informant: Mary Elizabeth Turner (daughter)

Address: Bel Alton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 7-40 (month) (day) (year)

Cemetery or crematory: St Ignatius

Location: Bel Alton Md

18. Funeral director: Smith & Ryon

Address: Waldorf Md

19. Oct 5 1940 (Date rec'd by registrar) M. D. Hayden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 4, 1940, at 6:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to October 4 1940

and that I last saw h... alive on [redacted] October 4, 1940

Immediate cause of death	DURATION
Acute dilatation of heart	½ hr.
Due to: Bronchial asthma with status asthmaticus	1 week
Due to: Allergic bronchial asthma	2 yrs.
Other conditions: Hypertension, prob. essential	5 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. MacKaunagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 10-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

10545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Rural near La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 [redacted] years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Bryantown road
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Mary Ellen Key

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Widowed

6.(b) Name of husband or wife: Philip T. Key

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 27, 1875

8. AGE: Years	Months	Days	If less than one day
65	1	14	..... hrs. ..... min.

9. Birthplace: La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: John Lee
13. Birthplace: Chas. Co., Md.

MOTHER
14. Maiden name: Fannie Hart
15. Birthplace: Chas. Co., Md.

16. Informant: Anna Fleming (daughter)

Address: 174 - E. Sharpnack St., Phila., Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10-14-40 (month) (day) (year)

Cemetery or crematory: Bairds Chapel

Location: East Near La Plata Md

18. Funeral director: Hurtt & Ryon

Address: Waldorf Md

19. Oct 13 1940 (Date rec'd by registrar) Lillian Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 11, 1940, at 5:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Summer of 1936, to Oct. 11, 1940 and that I last saw her alive on Oct. 11, 1940

Immediate cause of death	DURATION
Congestive heart failure	4 days
Due to Hypertensive heart disease	4 years
Due to Chronic glomerulonephritis	Symptomatic 4 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. (M. D. or other)

Address: La Plata, Md. Date signed: 10-12-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

10546

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Driving through
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 1117 - S. Carolina Ave. S.E.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Harry Edgar Padgett

3.(b) Social Security Number: 579-18-5280

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lillian Mae Buckler (Padgett)
6.(c) If alive, give age: 46 years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
49			...hrs. ...min.

9. Birthplace: Hughesville, Charles, Md. (Town, county, and state)
10. Usual occupation: Brick mason
11. Industry or business
FATHER 12. Name: John Wesley Padgett
13. Birthplace: Penna.
MOTHER 14. Maiden name: Rosie Lucas
15. Birthplace: Hughesville, Md.
16. Informant: Charles Padgett (son)
Address: 330 - 11th St S.E.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct. 8 1940 (month) (day) (year)
Cemetery or crematory: Old Fair Oct 8 1940
Location: near Hughesville Md
18. Funeral director: Edmund Briscoe
Address: Hughesville Md
19. Oct 7 1940 (Date rec'd by registrar) M.R. Mowbray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 6 1940 at 11 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6 1940 to — 19—
and that I last saw him on Oct. 6, 1940

Immediate cause of death	DURATION
Fractured skull with cerebral concussion	Seconds
Due to: Automobile accident	
Due to:	
Other conditions: Compound fracture both bones of both legs	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 10-6-40
Where did injury occur? Waldorf (City or town) Charles (County) Md. (State)
Injured at home, farm, industry, public place (where?): State road
Means of injury: Struck by auto Injured at work? No

23. SIGNATURE: James L. MacKavanagh M.D., Dep. Med. Exam. M. D. or other
Address: La Plata, Md. Date signed: 10-7-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CEIVED
NOV 6 1940
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-B)

10547

CERTIFICATE OF DEATH

Reg. Dist. No. 101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Charles.
City or town Chicamuxen.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Charles
City or town Chicamuxen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thornton Simmons.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	married

6 (b) Name of husband or wife Kattie Simmons

(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE:

Years	Months	Days	If less than one day
81			hrs. min.

9. Birthplace Chicamuxen Maryland.
(Town, county, and state)

10. Usual occupation Rigger (Retired)

11. Industry or business U.S. Powder Factory.

FATHER
12. Name Frank Simmons.
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden name Mary Winters.
15. Birthplace Charles Co. Md.

16. Informant Richard Simmons.
Address Chicamuxen Md.

17. Burial Date thereof Oct 16, 1940.
(Burial, cremation, or removal? Which?) (month) (day) (year)
Cemetery or crematory St. Charles Cemetery
Location Plymouth, Md.

18. Funeral director Stanley Penny,
Address Pisgah Md.

19. Oct. 14 1940 Mary Southerland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1940, at 12 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1940 to Oct 1940, and that I last saw him alive on Oct 6 1940.

Immediate cause of death	DURATION
Multiple Cystic Carcinomata.	
Due to Primary carcinoma of prostate gland. Duration: two years.	
Due to cause.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
20t operations
20t autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. C. Biddison M.D.
M. D. or other
Address Marlys Md Date signed Oct. 13 1940

RECEIVED
NOV 8 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-a)

CERTIFICATE OF DEATH

10548

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 min.

Stay in this community (yrs., or mos., or days): 1 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anne Somers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): October 5, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hrs. 1 min.

9. Birthplace: La Plata, Charles, Md. (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER

12. Name: Milton M. Somers,

13. Birthplace: Crisfield, Md.

MOTHER

14. Maiden name: Ethel F. Letaker,

15. Birthplace: Piney Grove, Md.

16. Informant: Mrs. Milton M. Somers,

Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 5 1940 (month) (day) (year)

Cemetery or crematory: Mt Rest Cemetery

Location: East

18. Funeral director: Hunt and Ryon

Address: Waldorf Md.

19. Oct 5th 1940 (Date rec'd by registrar) Lillian V. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 5, 1940, at 6:46 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on October 5, 1940, ~~to~~ ~~19~~; and that I last saw h-er alive on October 5, 1940.

Immediate cause of death	DURATION
Unknown — probably cerebral hemorrhage	1 min.
Due to Unknown — probably due	2 min.
~~Due to~~ to version and extraction	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. M. D. or other

Address: La Plata, Md. Date signed 10-6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
H. KLAU V. S.